

Wisconsin Youth Apprenticeship Program
STUDENT REGISTRATION FORM

Print legibly or type all information

Send this form to DWD within 30 days of student employment (see page 2).

New Student _____
Change of Information _____
(highlight changes)

Name (First, Middle, Last) _____			
Address (State or PO Box) _____			
City _____	Zip _____	Telephone _____	
Social Security Number _____		Date of Birth _____	
Parent or Guardian Name _____			

_____ Female	_____ African American	_____ Asian/Pacific Islander	_____ Caucasian
_____ Male	_____ Hispanic	_____ Native American	_____ Other

_____ Yes _____ No Does the student have a disability which may affect job performance?

_____ Yes _____ No Is this student considered at risk according to their school district's definition?

Grade level in school: _____ Current Grade Point Average: _____ Scale of _____ to _____

Name of High School _____

School District Number _____ School Number _____

YA Consortium _____	YA Grant # _____
YA Coordinator _____ / _____	
Printed Name	Signature
YA Coordinator Telephone # _____	

The apprenticeship will begin on _____ **and be completed by** _____
*Month/Day/Year**Month/Year*

Program Type: Level One (1 year) _____ Standard (2 year) _____ Other (specify) _____

Program Area (check one)

_____ Auto Collision	_____ Health	_____ Mfg. Plastics
_____ Auto Technician	_____ Insurance	_____ Mfg. Prod Tech
_____ Biotechnology	_____ Industrial Equipment	_____ Printing
_____ DD/Architecture	_____ Info Tech	_____ Prod Ag/Animal Science
_____ DD/Engineering	_____ Info Tech/Networking	_____ Prod Ag/Soils & Crops
_____ DD/Mechanical Design	_____ Lodging Management	_____ Tourism
_____ Finance	_____ Logistics	_____ Welding
	_____ Mfg. Machining	

Employment Information

Primary Employer (Please Print)

Name of Business _____

Mailing Address _____
Mailing Address *City/State* *Zip Code*

Mentor Name _____ Telephone _____

E-Mail Address _____

Student Starting Wage \$ _____ /per hour Employment Start Date _____
(must be minimum wage or higher)

Secondary Employer (Please Print)

Name of Business _____

Mailing Address _____
Mailing Address *City/State* *Zip Code*

Mentor Name _____ Telephone _____

E-Mail Address _____

Secondary Employer (Please Print)

Name of Business _____

Mailing Address _____
Mailing Address *City/State* *Zip Code*

Mentor Name _____ Telephone _____

E-Mail Address _____

**Remember: The employer and the school district must have a signed Education/Training Agreement on file for every youth apprentice per DWD 270.03 (3)(a)(b).
You do not need to send a copy of the agreement to DWD.
Child labor laws apply to all youth apprentices!**

Send this completed form to: **Youth Apprenticeship Registration
DWD/DWS
PO Box 7972
Madison WI 53707-7972**

All information will be kept confidential and secured and will be used only to analyze enrollment patterns, ensure equal access to the program by all students, and evaluate program effectiveness. Information provided on this form will have no bearing on a student's acceptance into the youth apprenticeship program.